Name of the Scheme	Amount provided	Govt. of India Contribution	State Govt. Contribution
Blindness	US $ 117.8 million	—	Nil
Malaria	US $ 164.8 million	—	Nil
State Health System Development Project	US $ 350.00 million	—	11.4%
1. Orissa	US $ 76.4 million	—	15.8%
2. Maharashtra	US $ 134.00 million	—	15.2%
3. A.P. First Referral Health System Development Project	US $ 133.00 million	—	11.4%
4. Karnataka	Rs. 546.00 Crores	—	—
5. Punjab	Rs. 425.00 crores	—	—
6. West Bengal	Rs. 698.00 crores	—	—
WHO towards technical assistance for Health Programme.	$ 13.08 million (1998-99 calendar years)	—	—

Authorised Chemists—For CGHS—73, Gurgaon

*250. SHRI DEBABRATA BISWAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is no authorised chemist to cater to the needs of beneficiaries being served by CGHS Dispensary No. 73 (Gurgaon) and patients have to wait days together to get either the medicines or N.A. certificate;

(b) whether it is fact that no one is coming forward for security deposit of Rs. 50,000 for authorisation of the chemist for the last many years and the beneficiaries are suffering a lot; and

(c) if so, whether Government propose to waive the said requirements; if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) and (b) No, Sir. M/s Oberoi Medical & General Store, New Delhi, is the authorised Chemist to supply the local purchase indented medicines for the CGHS beneficiaries attached with CGHS Dispensary No. 73, Gurgaon. However, it is a fact that no local chemist from Gurgaon has applied for appointment as local chemist but the beneficiaries are not suffering.

(c) In view of (a) and (b) above, there is no such proposal under consideration of the Government.

Revision of National Health Policy

*251. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have sought the views of State Governments, experts, etc. for revision of National Health Policy; and

(b) if so, details thereof and the suggestions received so far?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) A review of the Health Policy 1983 has become due with the passage of time. For eliciting the views/suggestions of the State Governments, a detailed background note was circulated highlighting the current as well

as emerging issues in the health sector for consideration of the Regional State Health Ministers' Conferences organised during the period June to November, 1998 at Hyderabad, Shillong, Sringar Ahmedabad and Calcutta.

There was a broad endorsement of the need to review the Health Policy with a view to addressing existing problems and future challenges. It was recommended inter-alia that an effective system for disease surveillance should be established, measures taken to upgrade the rural health infrastructure and to improve access to health services. The need to address the emerging health problems related to non-communicable diseases was also emphasised.

Recommendations were also made to formulate policies which would improve availability of personnel at the Primary Health Centres and rural hospitals and which would foster decentralisaton of health care services. Suggestions were also made to strengthen the enforcement machinery for the prevention of food adulteration and drug control, particularly at the State level; rational development of medical manpower to ensure availability of specialised and skilled professionals in underserved areas; harnessing the capacity of the private sector to augment the supply of essential health services; regulation of private facilities and insistence on proper standards, convergence of programmes relating to drinking water, urban waste disposal and air and water pollution and health to maximise the output from the process of development.

Upgradation of CGHS Pharmacists

*252. SHRI PRAKANTA WARISA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 25 per cent Pharmacists to CGHS in the pay scale of Rs. 4500-7000 have been recently upgraded to Senior Pharmacists in the pay scale of Rs. 5000-8000; if so, the reasons therefor;

(b) the number of Pharmacists working at present in Delhi under different systems of medicines, benefited by this upgradation, with the date; and

(c) what are the reasons for not considering promotional posts to the above upgraded posts?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir. The reason for upgradation of the posts of Pharmacists is that there was no promotional avenue in the category of Pharmacists.

(b) The requisite information is given in statement. (*see* below).

(c) The upgraded Pharmacists who have been designated as Senior Pharmacists are performing the same duties and responsibilities as are being performed by other Pharmacists. Hence, the posts of Senior Pharmacists have not been considered as promotional posts.

Statement

Name of system	Number	Date
Allopathic	82	11.7.95
	3	1.8.95
	5	1.12.95
	1	1.4.96
	1	1.9.96
	1	1.1.97
	1	1.2.97
	1	1.6.97
Ayurvedic	9	11.7.95
Unani	2	11.7.95
Homoeopathic	5	11.7.95

बाल साहित्य अकादमी का गठन

*253. **श्रीमती सरोज दुबे:** क्या मानव संसाधन विकास मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार राष्ट्रीय स्तर पर बाल साहित्य अकादमी का गठन करेगी;